United Way of Adams County
123 Buford Ave., P.O. Box 3545, Gettysburg, PA 17325
www.uwadams.org
717.334.5809

2026 Program Funding Application Instructions and Check-List

Education, Income, Health
United Way of Adams County invests in three focus areas - - education, income (financial stability), and health.
All applications must relate to one or more of these areas.
Application and eligibility details also available on www.uwadams.org.

Please be sure to submit all of the following items, including this checklist.

Program Funding Application	☐ Submit 1 signed, printed copy to 123 Buford Ave., Gettysburg, PA 17325
Attachments Submit 1 copy of each *Please include this completed checklist with application.*	☐ IRS Tax determination letter ☐ Most recent financial audit ☐ IRS 990 or 990EZ that matches the same year as the completed year audit ☐ Current Pennsylvania Bureau of Charitable Organizations registration ☐ Current list of Board of Directors names and addresses How often do they meet? ☐ Organizational and Program Budget Form

Application will be evaluated on the following:

- Program need
- Financial review
- Ability to demonstrate financial need
- Organization's commitment to addressing diversity, equity and inclusion in Adams County.
- Program results/Community impact
- Organization's management and governance
- Application clarity and thoroughness
- Quantitative goals

Missing or incomplete documentation may result in the rejection of your application. Do not include a cover letter or brochures. APPLICANTS MUST USE THE FILLABLE MICROSOFT WORD GRANT APPLICATION FORM AND STAY WITHIN CHARACTER COUNTS PROVIDED.

MUST BE RECEIVED BY 4:30 P.M., TUESDAY, OCTOBER 15, 2025
Questions: 717-334-5809 or Lmcmahon@uwadams.com

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2026 PROGRAM FUNDING APPLICATION

Section I – Contact Information

Organization Name *Must be same name that appears on IRS Form 990*	
Mailing Address	
City, State, ZIP Code	
Telephone	
Fax	
E-mail Address	
Website	
First & Last Name *Person Responsible for this Grant*	

Organizational Mission:

Section 2 – Program Title, Amount Requested, Certification

Program Name:

Program Focus Area(s): ☐ Education ☐ Income (financial stability) ☐ Health **Amount Requested: $**

1. In compliance with the USA PATRIOT ACT and other counterterrorism laws, we certify that all United Way of Adams County funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

2. We certify that an active and responsible governing body directs the organization named in this application whose members have no material conflict of interest and who all serve without compensation; that publicity and promotional activities are based on actual programs and operations; and that the organization is chartered or incorporated under State of Pennsylvania.

We certify that the information provided for this application is true and accurate:

_____
Organization Executive Signature **Printed Name** **Date**

_____
Organization Board Chair Signature **Printed Name** **Date**

Section 3 – Narrative

Please provide the following relevant organizational and program information.

1. Name and provide a brief description of the specific program for which funding is being requested. **1,000 Character Maximum**

2. Please respond to the following as relevant to your program funding request.
   A. Explain why services are needed
   B. Identify your target population and how you determine eligibility
   C. Identify any fees charged to clients
   D. Describe service(s) that are provided and in what amount
   E. Identify all resources dedicated to the provision of service (i.e. personnel, equipment, facilities, etc.)
   F. Identify any collaborations and/or partnerships that you have established to directly support the program
   G. Describe how the program does/will address inequities and disparities in Adams County regarding diversity, equity and inclusion.

3. List 3 specific measurable goals for your program. **(2,500 Character Maximum)**

4. Describe the intended use of United Way of Adams County funding and how this funding would help you meet your program(s) goals. **(2,500 Character Maximum)**

5. If the grant is partially funded, what is the plan to make up the difference? **(2,500 Character Maximum**)

6. How do you evaluate your work? What kind of a tool(s) do you use to measure the outcomes for your target population?Describe your outcomes. **(2,500 Character Maximum)**

7. List other programs/services that your organization provides. **(1,000 Character Maximum)**

Section 4 – Data

1. Calculate and explain the unit of service cost for the program using Budget Page and Client Data (below).

   Total actual expenses for last complete fiscal year DIVIDED BY

   Total number of participants served with a specific service in that same fiscal year
   EQUALS Unit of Service Cost

   If the program includes different components, you may need to calculate more than one unit of service cost to account for different types of service. The total actual expenses of all multiple calculations should total the amount of actual expenses reflected on your budget page for your most recent completed year. **(2,500 Character Maximum)**

   Example: $1000 divided by 250 participants for 1 hot meal = $4 per meal
   Example: $1000 divided by 10 clients to attend 10 sessions each of counseling services = $100 per client

2. List number of clients served by zip code **(2,500 Character Maximum)**:

3. Percent of clients: Male % Female % Estimate ☐ ***or*** Actual ☐

4. Percent of low-income clients (200% of poverty or less): % Estimate ☐ ***or*** Actual ☐

5. Indicate the age range of clients that you serve (target population).

0-5 years	%	
6-18 years	%	
19-59 years	%	
60+ years	%	Estimate ☐ ***or*** Actual ☐

Section 5 – Impact Stories – Must be current stories from within the last year

Provide **3 success stories**. These are narrative descriptions of programs participants' success. The stories should be about an actual person, not a program composite. This information helps reviewers better understand your program and its outcomes. ***Protect your client confidentiality by changing names and details.*** Stories may be shared with the community.

Success Story 1 (1,250 Character Maximum)

Success Story 2 (1,250 Character Maximum)

Success Story 3 (1,250 Character Maximum)